



96-11-02  
PH 1,500  
RECEIVED  
JUN 14 2002  
TECHNICAL  
200209-160230

**"EXPRESS MAIL CERTIFICATE"**  
**"EXPRESS MAIL" MAILING LABEL NUMBER EL870383895US**  
**DATE OF DEPOSIT JUNE 10, 2002**

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED  
WITH THE UNITED STATES POSTAL SERVICE  
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10  
ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO THE  
ASSISTANT COMMISSIONER FOR PATENTS, BOX CPA,  
WASHINGTON, DC 20231.  
NAME OF PERSON MAILING PAPER OR FEE  
(TYPE OR PRINT) TRACY WESTPHAL

SIGNATURE Tracy Westphal

**CONTINUED PROSECUTION APPLICATION (CPA)  
REQUEST TRANSMITTAL**

*Submit an original and a duplicate for fee processing*  
(Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d))

CHECK BOX, If applicable:

☐ **DUPLICATE**

Address to:

**Assistant Commissioner for Patents  
Box CPA  
Washington, DC 20231**

Attorney Docket No.  
of Prior Application

0815AA

First Named Inventor

Jung, Rudolf

Examiner Name

Nelson, Amy J.

Group/Art Unit

1638

Express Mail Label No.

EL870383895US

This is a request for a ☒ continuation or ☐ divisional application under 37 C.F.R. § 1.53(d),  
(continued prosecution application (CPA) of prior application number 09/020,716, filed on February 9, 1998,  
entitled Alteration of Amino Acid Compositions in Seeds.

1. ☐ Enter the unentered amendment previously filed on  
under 37 C.F.R. § 1.116 in the prior nonprovisional application.
2. ☒ A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R.  
§ 1.53(d)(4).
  - a. ☐ **DELETE** the following inventor(s) named in the prior nonprovisional application:  
  
    - b. ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
  - a. ☐ PTO-1449
  - b. ☐ Copies of IDS Citations

| CLAIMS | (1) FOR   | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE                        | (5) CALCULATIONS |
|--------|---|------------------|------------------|---------------------------------|------------------|
|        | TOTAL CLAIMS<br>(37 C.F.R. § 1.16(c) or (j))  | 21 - 20* =       | 1                | x \$ 18.00 =                    | \$ 18.00         |
|        | INDEPENDENT CLAIMS<br>(37 C.F.R. § 1.16(b) OR (l))  | 7 - 3** =        | 4                | x \$ 84.00 =                    | 336.00           |
|        | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))  |                  |                  | + \$280.00 =                    |                  |
|        |   |                  |                  | BASIC FEE<br>(37 C.F.R. § 1.16) | \$ 740.00        |
|        | Total of above Calculations =   |                  |                  |                                 | \$1,094.00       |
|        | Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28)                                |                  |                  |                                 |                  |
|        | * Reissue claims in excess of 20 and over original patent<br>** Reissue independent claims over original patent |                  |                  |                                 |                  |
|        | TOTAL =   |                  |                  |                                 | \$1,094.00       |

- 6 Small entity status:
- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.
7. The commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16-1852:
- a. ☒ Fees required under 37 C.F.R. § 1.16
- b. ☒ Fees required under 37 C.F.R. § 1.17
- c. ☐ Fees required under 37 C.F.R. § 1.18
8. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.
9. ☒ New Attorney Docket Number, if desired: 0815AAA
10. a. ☐ Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard.
11. ☐ Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.

| 10. NEW CORRESPONDENCE ADDRESS  |                                     |           |                |  |                |
|---|-------------------------------------|-----------|----------------|--|----------------|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label |                                     | 27310     |                | or <input type="checkbox"/> New correspondence address below |                |
| (Insert Customer No. or Attach code label here)                       |                                     |           |                |  |                |
| NAME  | Marianne H. Michel                  |           |                |  |                |
|   | Pioneer Hi-Bred International, Inc. |           |                |  |                |
| ADDRESS   | 7100 NW 62 <sup>nd</sup> Avenue     |           |                |  |                |
|   | P.O. Box 1000                       |           |                |  |                |
| CITY  | Johnston                            | STATE     | IA             | ZIP CODE   | 50131-1000     |
| COUNTRY   | USA                                 | TELEPHONE | (515) 334-4467 | FAX  | (515) 334-6883 |

| 11. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED |                           |
|--|---------------------------|
| Name (Print/Type)                                      | Marianne H. Michel        |
| Signature  | <i>Marianne H. Michel</i> |
| Registration No.                                       | 35,286                    |
| Date   | June 10, 2002             |